

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17324**

Registration District No. **4040**

Primary Registration District No. **4040**

Registrar's No. **15**

1. PLACE OF DEATH:
 (a) County **Benton**
 (b) City or town **Cole Camp**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **39 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs Percilla Morris**

3. (b) If veteran, name war: No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Charley Morris** 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased **October 30th 1860**
 (Month) (Day) (Year)

8. AGE: Years **82** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Benton County Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Chism**
 13. Birthplace **Benton Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elorena Williams**
 15. Birthplace **Benton County Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **E & Eickhoff**
 (b) Address **Cole Camp Mo**

17. (a) **Burial** (b) Date thereof **May 3 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cole Camp Cemetery**

18. (a) Signature of funeral director **E & Eickhoff**
 (b) Address **Cole Camp Mo**

19. (a) **May, 6-1943** (b) **Pauline HARMS**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Benton**
 (c) City or town **Near Lakeview Heights**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4** year **1943** hour **1** minute **0** P.M.

21. I hereby certify that I attended the deceased from **April 2** 19**43**, to **May 4** 19**43**, that I last saw him alive on **May 4** and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary Occlusion**

Due to **Arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Sym L. Duncan** (M. D. or other)
 Address **Cole Camp Mo** Date signed **5/6/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1341

RECEIVED
District Health Officer No. 71
District File Number 5-43514
Date Filed 6-11-43
Date 67

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. L. Eickhoff
Licensed Embalmer No. 730
P. O. Address Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.